

ALASKA COUNCIL ON EMERGENCY MEDICAL SERVICES
MINUTES
October 4, 2001

Call to Order

Chairman Charlie Lean called the fall meeting of the Governor's Alaska Council on Emergency Medical Services to order at 9:00 a.m. ACEMS member Don Hudson was unable to attend.

Welcome and Introductions

ACEMS Members in Attendance:

Charles Lean, EMT, Chairman
Ken Brown, MD
Terry Bunes, EMT
Daniel Cox, EMT
Dorothy Jones
Steve O'Connor, MICP
Karen O'Neill, MD
Barb Simonsen, RN
Teresa Stone, EMT

State Section of Community Health and EMS Staff in Attendance:

Mark S. Johnson, Chief
Matt Anderson, EMS Unit Manager
Gordon Glaser, Health Program Manager
Mary Krom, Health Program Manager
Raj Maskay, Poison Control/Public Health Specialist
Kathy McLeron, Public Health Specialist
Martha Moore, Injury Surveillance and Prevention Manager/Public Health Specialist
Shelley K. Owens, Health Program Manager
Doreen Risley, Public Health Specialist
Judy Skagerberg, Grants Administrator

EMS Regional Staff in Attendance:

Tom Fazzini, Injury Prevention Coordinator, Yukon Kuskokwim Health Corporation
Sue Hecks, EMS Coordinator, Kenai Peninsula, Southern Region EMS Council, Inc.
Daniel Johnson, Executive Director, Interior Region EMS Council, Inc.
Gary Judd, EMS Regional Coordinator, North Slope Borough Fire Dept.
David LeBaron, EMS Administrator, Copper River, Southern Region EMS Council, Inc.
Bobbi Leichty, Executive Director, Southeast Region EMS Council, Inc.
Aggie Lie, EMS Director, Maniilaq Association
Debbie McCravey, Finance Manager, Southern Region EMS Council, Inc.
Skip Richards, EMS Coordinator, Chugachmiut
Teresa Seybert, EMS Coordinator, Bristol Bay, Southern Region EMS Council, Inc.
Ronni Sullivan, Executive Director, Southern Region EMS Council, Inc.
Jodi Zufelt, Regional Training Coordinator, Southern Region EMS Council, Inc.

Liaison Representative Members in Attendance:

Yuancie Lee, Research Analyst, Alaska Highway Safety Office, AKDOT&PF

Liaison representatives Steve Floerchinger, MD, Lt. Col. Chuck Foster, Robert LaPointe, Frank Sacco, MD, and the State Medical Director were unable to be present. A quorum of the Council was present.

Approval of Agenda

MOTION: To adopt the agenda for October 4 and 5 as revised.

(Steve O'Connor, Terry Bunes)

Action: The motion was approved.

Approval of Minutes

MOTION: To approve the minutes of the April 24, 2001 meeting.

(Steve O'Connor, Terry Bunes)

ACTION: The motion was approved.

REPORTS FROM COMMITTEES, TASK FORCES, AND WORKING GROUPS

Executive Committee Report (Charlie Lean)

Charlie sent several letters at the direction of ACEMS following the April meeting, including a letter to the Legislature that requested maintaining the EMS budget and a letter to Governor Knowles commending CHEMS staff for work on the Code Blue project. Governor Knowles sent a letter of congratulations to CHEMS staff in response. Charlie also filed the quarterly ethics reports to comply with State conflict-of-interest reporting requirements. Charlie asked that if any Council member has a question to bring it to his attention and he will rule on it and he reminded the Council to continue to operate with high ethical standards.

Review of issues in written reports from ACEMS liaison members

Dr. Sacco and staff from the Alaska Department of Emergency Services are unable to attend.

Yuancie Lee was introduced as the Liaison member from the Alaska Highway Safety Office of the Alaska Department of Transportation and Public Facilities (AHSO). AHSO has some budgetary uncertainties at this time but there are some funds available related to the .08 BAC law. Matt asked whether AHSO might entertain proposals to help EMTs recognize the presence of alcohol in trauma patients. Yuancie stated that the funds are mostly directed towards prevention, but that he would follow up on the question. Matt said that EMS is very appreciative of Highway Safety funding in the past, and looks forward to the future.

EMS Program Report (Matt Anderson)

Scott Dull, MD, the EMS Medical Director for the State at the time of his tragic death in an avalanche this past winter, was an esteemed part of the EMS team in Alaska. Scott's wife, Lynn Stimler, told Matt how much Scott treasured his EMS work. Lynn, who works with legal issues at Providence Hospital, plans to continue some of his work. Another former long-term member of ACEMS, Kathy Sloan, RN, PhD, died this past summer.

Matt has been immersed in day-to-day disaster-related activities in the wake of the September 11 attack. The Emergency Coordination Center experienced staffing concerns going to a 24-7 schedule, but intelligence and the electronic communications were first class and kept people informed with good coordination among departments. A portion of Anchorage was evacuated because of uncertainty over the destination and purpose of a Korean Airlines flight. Medevacs were approved on a case-by-case basis; there were no substantial delays, but flights weren't initially permitted to return after dropping off patients. In one instance, a medevac flight was escorted by military aircraft through Southeast Alaska air space.

Letters were sent to all emergency response organizations in Alaska regarding contingency and disaster planning, suggesting a review of their plans and contact lists. Included were some agencies that haven't previously been at the table, such as first responders and public health agencies. Decontamination procedures at Alaska hospitals could be strengthened. We have good resources in Alaska, such as the

Anchorage Metro Medical response system which deals with the urban population, has special training and equipment, is quickly deployable for rapid detection and identification, and provides technical assistance to responders. Mark Johnson will talk about the new focus of the Governor's Disaster Policy Cabinet on weapons of mass destruction. CDC made a clear statement several years ago about dual use; hopefully we can do the same, with the current focus on and increase in bioterrorism prevention and response activity. The Public Health Learning Network, an important component for which EMS has provided content, provides effective television distribution in eleven communities now; this will soon be more than twenty. The CHEMS web site is an important information source, albeit large and rather complex. There are plans to improve it, which will be described later.

The Governor has tasked three groups with information gathering about September 11 and will receive reports at the end of October on state capabilities and limitations. Whatever is releasable will be distributed to the Council. Mark encouraged Council members and others in attendance to give CHEMS their input, including anecdotes and concerns, such as building evacuation in Anchorage and problems and ideas for solutions regarding Weapons of Mass Destruction (WMD) issues. It was agreed that ACEMS will discuss Sept. 11 issues under the planning portion of the agenda. Mark stated that as agencies prepare their budgets, they should include proposals for strengthening the infrastructure, beyond reacting to bioterrorism. This is an opportunity to prepare for a major scenario, while remaining realistic. Charlie said that we are talking about mass casualties (more urban); the outlying communities are more prone to natural disaster issues. Matt said the dollars for planning cross all contingencies; tsunamis, etc., which is line with CDC's dual-use concept.

Mark said the message at the National Governors' Terrorism Conference in Washington, D.C. was that public health, including EMS, must be included in planning from the outset. Matt said resource materials, such as the bioterrorism guides, have been sent to hospitals and clinics, and the Jane's Facility Security Handbook has been sent to hospitals, emergency planning committees and EMS Regions. CHEMS will send these to EMS Council members also.

Matt said the U.S. Coast Guard is a key player in transports, especially Air Stations Kodiak and Sitka. Matt and Kathy met with the Commanding Officer and the Flight Surgeon at Sitka, Dr. Russell Bowman, who just finished the Naval War College with an emphasis in Bioterrorism. Dan Johnson has succeeded in installing additional radio communications in the Blackhawks in Fairbanks; the Coast Guard may be able to enhance the Jayhawks as well.

The Rural Hospital Flexibility program continues to move along. RHF program grant funds bought \$15,000. in attorney fees to draft amendments to the EMS certification regulations. This was a major accomplishment for CHEMS and the EMS Regions.

Matt concluded his report by thanking the Regional EMS staff for their hard work and lots of it, every day of the week and said that EMS has strengthened over the last six months.

CHEMS Section Report (Mark Johnson)

Karen Perdue is leaving her position as Commissioner of the Department of Health and Social Services. She has been remarkably supportive of EMS. A recent news release described a Health Resources and Services Administration grant for \$6.5 million for Frontier Health which Senator Stevens was influential in obtaining. One-half million of this has been awarded to the Primary Care Office in CHEMS for planning and increasing access for rural and/or the underserved. EMS has benefited from the Rural Hospital Flexibility program: it strengthens the viability of rural hospitals; designates critical access hospitals to prevent closure; works for better reimbursement rates; and provides consultants for better financial work. Hopefully Congress will renew this program when the time comes. Mark mentioned some CHEMS responsibilities: Lisa Harlamert is working on the Health Alert Network, whose objective is to develop a system for quick notification of health providers around the state. The Section is looking

for a telemedicine person. Health promotion, especially tobacco control enforcement, is another area of effort in CHEMS. The Health Promotion Unit has a new cardiovascular health grant. The Unit also does the Behavioral Risk Factor Surveillance System survey and data management, which is a CDC survey by all states, with the focus on prevention. The BRFSS survey lab has been expanded with the addition of more full-time staff. CHEMS role is yet to be clarified with regard to the new Suicide Prevention Council; EMSC had a task force but this went by the wayside. Mark will be meeting with a community-based alcohol-action group at East High School in Anchorage tonight.

Discussion of September 11th.

Charlie said that in Nome and Norton Sound, the grocery supply was affected. Norton Sound medevac teams were restrained in Anchorage, the blood supply in Nome was low, and there was no more available. Barb says Providence Hospital also had blood supply problems; there were only three doses of tested platelets and open-heart surgeries were cancelled. She hopes the new group convened by the Governor will discuss this problem. Testing blood requires shipment to Seattle, which is complicated and costly and shipments were tied up in Seattle. Mark said some flights were allowed. The Division of Public Health has discussed this. The CHEMS report suggested in-state testing of blood, but Doctors Jilly and Fallico are opposed to it. The doctors want out-of-state testing because it is not cost-effective to do in-state. What is the balance between availability and cost? Air transport is depended upon for organ donation as well. Mark said the FDA would waive the requirement for tested blood in every situation. Matt said people can be narrow in focus during such an event; someone must communicate outside, for example to the Alaska Division of Emergency Services, so others know. For example, can military aircraft be used to assist medical transport at such a time?

Karen O'Neill reminded the group that blood was interfered with when Mt. Redoubt erupted, canceling air traffic. Barb said we need to move disaster plans from paperwork to more real scenarios. Mark stated that hospitals aren't used to being in a statewide network, this is not business as usual. Ken Brown asked about Juneau since the Red Cross no longer collects blood. What is the blood supply in the state? Matt – can we get it from other places? The Red Cross has blood in other places, e.g. the East Coast. But if flying is out, then the lack of air transport is a problem. Gary said that military aircraft did help. Mark said we must remember that the military has to tend to its own needs first. Matt said that resources are there, but what is needed is a well thought-out and practical communications system, including the participation of hospitals.

Matt asked what are the top three priorities of ACEMS members? Charlie: air transport, supplies and personnel, and round trip capability are important – these caused problems in Norton Sound. Karen agreed that this had a regional effect. Barb asked, if there is no air transport, how many days would it take for water or road transport? Providence has a small vacancy rate; would Elmendorf hospital open up to civilians? In the disaster, great numbers were admitted to hospitals in New York (mass casualty). We would have to move large numbers of patients. The scenario isn't defined enough yet. Ken stated that each hospital has a disaster plan, but does the whole state have a centralized medical place, such as ADES, with 24/7 staffing? What's needed is real-time information on resources, data updates. Should there be an EMS subcommittee for this?

Regional EMS Directors/Coordinators (Gary Judd)

Gary gave the Regional Director's report early due to his necessary absence later. The Regional Directors and Coordinators met on Tuesday, October 2nd. It is a good, close, supportive group. Code Blue is a big topic. The HRSA grant will benefit the Regions greatly. Matt and Kathy are working to streamline the distribution of funding. There is an increment in the Governor's budget for the Regions. Sue Hecks is the new chair of the Regional Directors, Dan Johnson is vice-chair and Ronni Sullivan is secretary. Gary said this is his last EMS meeting since he is relocating south. Gary expressed his deep appreciation to the

Council and said it will be hard to leave. Gary expressed great respect for Mark Johnson, who has kept EMS at the forefront in a bureaucratic environment, and for the Regional Directors.

A discussion followed about EMS recognition and media coverage. EMS has been lumped in with fire departments. EMS people respond with firefighters and police but are not always synonymous. This identity issue is a common misperception. For example, EMS responders were at Ground Zero on September 11th, it wasn't just firefighters. How can you increase public awareness without sounding like you're saying how about us? EMS is an entity in itself; it is both emergency responders and part of the health care system.

Injury Prevention (Martha Moore)

The CHEMS Injury Prevention staff were introduced: Mary Krom, Gordon Glaser and Martha Moore were present, a portion of the staff of six in Juneau and Anchorage. Mary and Gordon promote injury prevention from the Anchorage office. Karen Lawfer replaced David Thomson on staff; she was with SEARHC for 16 yrs. Alice Walters, a public health nurse, came to the staff from the Medicaid services unit. The other staff members are Maria Bailey and Zoann Murphy. They are doing a very good job and are innovative. There will be an injury prevention track at Symposium, bridging IP and EMS, for example, where to look for injuries at an accident scene. Four grants were received by Injury Prevention: traumatic brain injury; prevention of fire related injuries; spinal cord, and a CDC grant for child injury prevention through the Alaska Injury Prevention Center.

Mary Krom described her work with prevention of fire-related injuries. She has received help from the state's weatherization project in placing smoke alarms in nearly 7,000 homes. The acceptance rate by residents is 50% (some homes already have alarms). Effort focused on the Yukon-Kuskokwim area with help from Tom Fazzini in Bethel. This was a demonstration project targeting small homes. The alarms have 10-year lithium batteries. Another grant has been secured with Zoann Murphy's help. This will focus on the rural areas, which have communities at highest risk. The Alaska public is receptive to the program, especially in rural areas. It is harder in the urban areas.

Gordon Glaser moved recently to CHEMS from the Maternal, Child, and Family Health Section of Public Health. He covers the state from North Pole to Ketchikan, emphasizing child passenger safety issues, car seat use, walk to school safety, bike helmets, and the Kids Don't Float program.

Overview of EMS Training Grant (Kathy McLeron)

Matt introduced Kathy McLeron, the new EMS Statewide Training Coordinator. Her program received a \$485,000 grant from HRSA for its work this year, and she has ambitious training goals. It is hoped that any funds not spent this year can be carried over. Kathy's emphases include videotaping of training segments and use of computerized resources; training for out-of-state medical directors, medevac escorts, emergency medical dispatchers, emergency nurses and physicians; and preceptorships. Kathy is coordinating a statewide training needs assessment; the questionnaire is on the CHEMS web site.

Alaska EMS for Children Project (Doreen Risley)

Matt prefaced Doreen's report by stating that she had tenaciously accomplished goals to benefit rural Alaska. Doreen described the EMSC program's plans and activities. One goal is to offer training via television every other week, using several time slots. Doreen is working with injury prevention on EMS for Alaska Native children. The EMSC partnership is in its second year; it includes a visiting pediatric technical team. Another effort is updating medevac courses. Doreen mentioned the downloadable booklets on children's EMS that are on the CHEMS web site. Charlie asked if their descriptions are associated with applicable age ranges and Doreen said that she would incorporate this good idea.

State EMS Symposium Update (Doreen Risley)

Doreen talked about the upcoming EMS Symposium on November 7-10 at the Egan Center. The Captain Cook is the conference hotel. Events include an all-day bioterrorism seminar, clinical tracks, the “Joy of EMS,” instructor and SafeKids luncheons, and a documentation workshop. Matt thanked Southern Region EMS and Ronni for handling so many Symposium details and making it happen; it’s hard to manage from Juneau.

Poison Control Center (Raj Maskay)

The poison help line for Alaska is handled by contract with the Oregon Poison Control Center, funded through a HRSA grant. In its first month, the Alaska phone number has received twice the national average number of calls. The current data shows that each call costs about \$5.00.

Matt commented that the data are alarming. Barb asked how the data should be interpreted. For example, if we look at the number of calls per subject, we see a number related to photographic materials. Raj stated that the data Oregon inputs are available to CDC in three minutes. Barb asked how it would be recorded if a community health aide called in from a client’s home; would that be a non-health care facility call? Matt said CHEMS will go through the data in a detailed review and ensure that incidents are recorded as they should be. Public education should take place so people understand what questions to ask the poison help line. Karen observed that one reason for the large number of calls may be the novelty of the service. Barb said it may be that we were not aware of the scope of Alaska poison issues. Ken said that emergency rooms are telling people to call the poison line. Barb asked what CDC intends to do with our data.

ACEMS EMS Training Committee (Steve O’Connor)

The committee met in April and in August. They discussed the training matrix regulations. There was detailed public testimony on the regulations. They reviewed the EMSC training module and provided feedback. They also reviewed the written and practical exams. The committee is helping Kathy McLeron with HRSA training grant issues and training content.

ACEMS Public Information and Education Task Force (Skip Richards)

Public information and education opportunities include the EMS Symposium, EMS Day at the Legislature, Comfort One, EMS pictures, and the ACEMS brochure. Gary Judd will make a poster for Symposium that will list the names of those certified; he will include paramedics if he can get them. He will also make a banner with the Alaska flag, US flag, and star of life, honoring the DMAT team and EMS. Slogan: “EMS on Site, Out of Sight, Heroes All.”

Information about the Comfort One Program will be displayed at Symposium. EMS may not be the best vehicle to take this program to on to the next level; other agencies should be involved. The turnover of personnel at hospitals is an issue. A suggestion was made that videotaped presentations could be made available; PowerPoint presentations are also good. The public needs to be educated about Comfort One. Could information be distributed via distance learning? Terry says social and health services and family practice services need this information, e.g., at patient discharge. Barb suggested finding an organization that represents a population, such as AARP, to spur physicians into learning about it in response to patients’ inquiries.

Skip said bioterrorism is impacting and expanding EMS and EMS needs to increase its profile. EMS Day at the Legislature has been a Regional Directors’ initiative; they should choose a date for the most impact. Ronni says they’ve had to change the date in the past due to events at the Capitol; they need to see the calendar but February would be good. They’d like someone from ACEMS to join in. The Report to the Legislature is a nice tool that hasn’t been prepared in a while. The PIE would like to reinstate its preparation and dissemination. Steve asked whether the report is doable and Matt said yes; he will get with the staff on it. Matt says this report covered topics by geographic area and was indeed read by

legislators. Ronni said information for the report was gathered early in January. She and Steve had carried the report to the legislators; it would be easier to distribute now, for example, how about CD-Rom?

ACEMS Trauma Registry Review Committee (Martha Moore)

Martha stated that trauma registry review has evolved over the years; its purpose is to protect the data. She is asking for an expansion of duties. The HRSA trauma center grant with Maternal, Child, and Family Health is \$45,000; the task is to complete a survey, make recommendations, and prepare a report. A subcommittee is tasked with preparing the agenda for a stakeholders' meeting.

EMS Medical Director's Report

The new State Medical Director was unable to attend. Matt described the history of filling the job after the death of Dr. Dull. The term of the contract was changed from July to June to the calendar year. Dr. Ken Zafren is on contract until December and he has been an active and helpful director. There are ambitious goals in the HRSA grant plan for this position. Letters of solicitation will go out to advertise the position.

Prehospital Data Collection Project (Shelley Owens)

Shelley reported on prehospital data collection. She thanked Highway Safety for funding the purchase of ambulance computers, software and hardware. Software glitches are being worked out. Four types of software are now in use; she is trying to coordinate and consolidate the data from the disparate software, e.g., matching data elements. The EMSC program manager made a site visit to discuss the data collection project and Doreen said he was impressed with our program.

Charlie asked how much of the state is in the system, what percentage of ambulances of certified services. Shelley answered that 37 packages have been sent out and all expressed needs are filled. Perhaps a map showing distribution is needed. Some services have purchased their own software and will upload their data -- in reality we're a long way from having complete coverage of ambulances services in the state. This software needs a lot of tailoring compared to others programs like the trauma registry. Data conversion is expensive. Ken stated that medics are frustrated by a lot of forms and typing. There is a start up time, a learning curve, but good data comes out the other end. Shelley was commended for her good work on this.

The Future of the Code Blue Project (Matt Anderson)

The project moved along slowly for several years until it was stimulated by involvement from the Denali Commission, Karen Perdue, Fran Ulmer, and Sheila Selkregg. Funds from five sources including the USDA Rural Development Office, the Rasmuson Foundation, the Denali Commission, HRSA, and local communities make up the \$6.4 million initiative. The monies needed to be put together proportionally. Phase I is well along, providing essential items as deemed by the Regional Directors, including communications. Phase II will include other items on the list not wholly funded. The Regions were commended for review and support; good consistent work. Conclusion: 1) Code Blue will continue to require an investment of work; 2) local input and review are needed; 3) the Regions/CHEMS are not getting additional funds for doing work; and 4) this should be a model for future funding.

Discussion of September 11 impact on Code Blue: Ronni stated that there had not been successful EMS equipment funding for years, and the crux of the matter is that well-equipped EMS services can respond to any event. Bobbi says it would be great if the state could fund repair and replacement of the equipment now being purchased (sustainability). Discussion followed regarding how the Regions gathered together the equipment needs. Ronni said Matt led this whole effort with dynamism -- there were times when it seemed impossible -- too large, too much. Great credit goes to Matt and Mark. The cohesion among the Regions helped and they presented a good picture to the grantors. The Regions support and look out for each other and want to see each others' projects funded. Practical results of Code Blue include replacing

20-plus year old ambulances, and other results at the community level. Matt says CHEMS will take some of the burden off the Regions by helping with large purchases via contract, such as communications equipment.

Recess

The end of the agenda for day was reached and Charlie suggested a recess to 10/5.

MOTION: To recess until October 5.

(Terry Stone, Terry Buess)

ACTION: The motion was approved.

ALASKA COUNCIL ON EMERGENCY MEDICAL SERVICES
MINUTES
October 5, 2001

Call to Order (Charles Lean)

Chairman Charlie Lean called the second day of the fall meeting of the Governor's Alaska Council on Emergency Medical Services to order at 9:00 a.m.

Persons to be heard (Charles Lean)

There were none.

Member status (Charles Lean)

Dan Cox, Charlie Lean, and Barb Simonsen are approaching the end of their terms. Terry Stone and Terry Bunes are in limbo (terms expired 11/99). The Governor's Office is reviewing a conflict of interest issue regarding Council members who also serve on their local EMS boards. Charlie, Barb and Dan stated they would like to continue to serve. A letter is needed from the Chair recommending retention of members.

Ken Brown has been appointed to fill the position of emergency medical physician. Pat Chapman of Meyers Chuck has been nominated to fill the non-road resident position and her nomination is pending. She does not live in Meyers Chuck all year round. Shelley explained the procedure for filling Council appointments. The staff of the Governor's Office of Boards and Commissions works to fill positions. There are criteria for each position, and forms to fill out. Vacancies are posted on the roster. CHEMS also sends out a letter announcing vacancies and a vacancy announcement could also be placed on the CHEMS web site. Shelley said she will work with the Boards and Commissions staff on this. Dan Johnson said that he intended to forward the name of a person for proposed appointment to the vacant prehospital provider position.

MOTION: That the Vice Chair support the continuation of Barb, Charlie, and Dan.
(Terry Bunes, Dan Cox)

ACTION: The motion was approved.

Appointments to Task Forces and Committees (Charles Lean)

Matt asked that Kathy McLeron replace him on the EMS Training Committee.

MOTION: That Kathy McLeron replace Matt Anderson on the EMS Training Committee.
(Barb Simonsen, Dan Cox)

ACTION: The motion was approved.

MOTION: To appoint Terry Bunes and Tom Fazzini to the Public Information and Education Task Force.

(Terry Stone, Barb Simonsen)

Barb suggested a friendly amendment to the motion. In the spring, Jean Rounds-Riley, who is on the Training Committee, was added to the PIE, but she declined appointment. The amendment removes Jean from the PIE.

ACTION: The motion was approved as amended.

Jean Chanlin-Trapeau has been approached about committee service but has not responded.

MOTION: To nominate and accept Karen Lawfer, Dan Cox, and Ronni Sullivan as members of the Prevention Committee.

(Terry Bunes, Terry Stone)

ACTION: The motion was approved.

Charlie asked whether Dr. Ken Brown (new ACEMS member) would like to be on any committees. Ken said since he works with medevacs, he'd like to serve on the Air Medical Services Task Group.

MOTION: To place Ken Brown on AMSTG.

(Dan Cox, Barb Simonsen)

Charlie said this group has been dormant and needs an infusion of energy. He proposed amending the motion to add Dan Cox to the Task Group. Shelley said Dan Johnson is willing to serve also. The motion was restated to nominate and accept Ken Brown, Dan Cox, and Dan Johnson on the Air Medical Services Task Group.

ACTION: The motion was approved.

Matt brought up the suggestion made the previous day (page 4) about establishing an ACEMS subcommittee to address issues of weapons of mass destruction (WMD) – a small group, not to exceed ten persons, who could meet quickly and work fast. Barb asked what the stated purpose would be. Mark replied that the group's work would include input to CHEMS on the WMD budget proposal for the Governor and communications with the Disaster Cabinet and ADES. He said the state wants to make decisions with the involvement of the EMS community. Ken Brown said he would like to participate, but would not be available until after 10/18. Charlie asked if ACEMS is permitted to sponsor such a task force. Steve said the by-laws permit creation of committees.

MOTION: To form a Weapons of Mass Destruction Committee.

(Barb Simonsen, Karen O'Neill)

Discussion: Matt said this would improve statewide mass casualty response times and medical input is needed. Barb asked if this would be a duplication of current state work. Matt said no, ADES coordinates state-declared disasters, but some medical or health situations demand expertise ADES doesn't have and public health is the first group they come to. Dan Cox asked where ACEMS fits in the chain of command; Mark replied that ADES is helped by DHSS in crises and ACEMS fits in with that. This might help address the EMS identity crisis. Steve said this will give EMS an opportunity to take part in using the monies flowing into the state for WMD. Barb said members of the committee should be able to represent their areas as well as having a statewide perspective. Steve said a task force would best meet committee creation per ACEMS rules.

The motion was restated: to approve now with annual reapproval, a Weapons of Mass Destruction Task Force.

ACTION: The motion was approved.

Proposed task force members include Ken Brown, Barb Simonsen, Dan Cox, and Charlie Lean. Steve asked if the Regional Directors wished to suggest members, and Ronni Sullivan said she would participate. Steve suggested including Liaison Members, such as Wayne Rush of ADES. Matt said the group should be focused, with all that is going on now; ACEMS' strength is to focus on medical planning. Mark and Charlie affirmed this. Terry Stone asked if Barb's medical director would be interested in being on the task force, considering his involvement in triage. Barb said she would approach him about being a member or a resource person. She sees information gathering as a part of this.

MOTION: To appoint Ken Brown, Barb Simonsen, Dan Cox, Charlie Lean, and Ronnie Sullivan to the Weapons of Mass Destruction Task Force.

(Steve O'Connor. The motion was seconded.)

ACTION: The motion was approved.

A discussion took place among Dan Cox, Matt, and Mark regarding emergency medical dispatcher training and certification. Dan felt that there is ambiguity in national and state certification. Mark said that state certification gives better legal protection.

Approval of Revisions to Bylaws (Charles Lean)

Charlie said that the bylaws revision is complete and that he approves of the revision.

MOTION: To accept the revised Bylaws.

(Terry Buness, Dan Cox)

Discussion: Decisions about the revisions were made at the last meeting; Charlie asked if anyone had any more changes to propose. No one responded in the affirmative. Dan Cox called the question. The motion was restated: To accept the revised Bylaws.

ACTION: The motion was approved.

Steve stated that each member will receive a clean copy. Dan Cox asked for clarification of Chapter 7, Section 2 (page 7)—what does it mean? The Chairperson is an ex-officio member of all committees and may be a voting member if he/she chooses to be.

ACEMS Activities at EMS Symposium (Matt Anderson)

Matt asked which ACEMS members plan to attend Symposium. Dan, Charlie, Terry Stone, Dorothy, Steve, and possibly Karen and Barb plan to attend. Ken will not be able to attend. Matt will preside at the opening session. Ronni reported that pre-registration is going well with 50-60 signed up. Someone from the Governor/Lt. Governor's office may be at Symposium. Ronni asked whether attendees could get CEU's for the opening session; people are disappointed that they have not been able to do this. Matt asked how the group felt about this and said he will work on it.

Recommendations for Grant Funding Priorities (Charles Lean)

The Planning Committee met and Matt handed out their ideas. They are trying to walk a fine line between structure and specificity. The objective is to articulate priorities without handcuffing the Regions. Everyone is happy with the infusion of dollars and the enthusiasm shown for the Code Blue project, with resources going to the field, where they are needed, but the Regions have not had much time or attention to devote to other things as a consequence.

Matt spoke about the grant process and guidelines in the EMS Goals Document, including the 14 components. The goal is to determine where to place the bulk of attention and effort. Barb asked what are the Regional priorities. Ronni replied: recruitment and staffing. Barb asked how much impact the Regions have in these areas. Bobbi said her outcome-oriented Board asks for more data; for example, they ask how many calls were received related to tourism, what were the levels of patients and responses. She said there should be more emphasis on 1st level training—ETTs—not as much on EMTs. Dan Johnson said Interior Region is also emphasizing lower level training in its planning, and short-term goals such as establishing a trained ETT corps in every highway/road area within three years. Data collection is important, but outcome data is not necessarily meaningful. What level of care is typically needed? Bobbi said transport is the typical response. Funding is now so low that some jobs are being cut. Dan Johnson said the first thing to go is public relations and publicity, which is not good. Tight resources shift the emphasis to basic village-based training rather than injury prevention. Mark said that the Regions have asked for a modest increase in funding. He reminded ACEMS that it can advise the Governor and the DHSS Commissioner; Council members might want to make their opinions known to the new Commissioner, the Office of Management and Budget and the Governor.

Charlie said the best recruitment/retention technique is offering frequent classes. It is important to get those willing in quickly, and assure folks that they are valued. Continuing education and training efforts funded by the HRSA grant will play an important part. Steve said he hopes the infusion of dollars is at the operational level in the Regions; he hears the Regional Directors say that this is what is suffering. Dan Johnson said Code Blue requires a lot to implement—it is a large administrative effort, which detracts from the staff's ability to get other things done. Capital equipment is a priority. Bobbi said Shelley's survey shows there is a need to see results; EMTs need feedback and ACEMS can help. For example, they want to know what happened to the patient, what helped by tracking results. Barb said Dr. Dull's last project involved feedback—she hasn't been able to move forward with this, it is needed, but is

largely outside the hospital's control. Aggie said her Region planned no ETT courses this year because other training takes precedence. They are looking for an ETT instructor. 900 students were taught in 2000 at all levels, but none in 2001.

Ronni said the ACEMS priorities are valuable and appreciated by the Regions, but it is best if they are kept short; the Regions are doing these things already. Skip said he looks at all 14 components in relation to priorities in grant writing. He uses them to structure his focus and considers them a valuable fine-tuning tool. Barb said ACEMS doesn't want to write priorities that aren't consistent with what the Council is committed to based on the current grant. Bobbi said the Regions have to struggle to accomplish what they're tasked with, let alone do more. Aggie said the Regions need help in operations—staffing, program maintenance. Terry Bunes asked what priorities will come from the federal government and state with the new WMD initiatives. Charlie said grants have their cyclical lives, but some things will drop off as new initiatives are taken on—for example, EMSC will cycle out. Dan Cox asked what can be learned from the Code Blue experience so that it isn't so hard next time. Charlie said the WMD emphasis will take a toll. Terry Bunes said the components in place for some programs will assist in others. Charlie said let's look at principles, not where the dollars are coming from. Steve said he thought he heard the Directors backing away from training—this is a big issue. Mark said look at core priorities for on-going grants. Barb asked what maintenance of current services means. Ronni said that when she gets a 43% increase in health insurance costs, maintenance of services is impacted; it affects her budget.

MOTION: To request that the Commissioner/Governor approve a minimum 15% increase in grants.
(Terry Bunes, Dan Cox)

Discussion: Barb said the letter should include elements of the discussion to give the rationale. Bobbi said 15% was the bare minimum to keep going; how about 25% (maybe we'll get 15%). No administrative costs were included in Code Blue; this has an impact. Matt stated that he was glad to hear this discussion--this is an opportunity for ACEMS to advise the Governor and Commissioner directly and provide the Council's priorities and rationale. The report to the Legislature can also be used this way. It is a shame that funding hasn't kept pace; where do you cut expenditures? Dan Cox said things are only going to get more costly. Terry Bunes said ACEMS needs to keep its credibility, that is, not ask for too much; remember we need to be able to substantiate our request for the increased amount. Dorothy said the climate now is good and suggested a partnership with the University of Alaska, with which she offered to assist. She suggested that distance delivery might be a useful tool for both training and public education. Dan suggested adding Dorothy's ideas to the request, i.e., asking for the maximum reasonable amount, and suggested a friendly amendment for a 30% increase. Terry Bunes said he would go to 25% but not 30%. Charlie said that it is hard to convince the Legislature—a big number is not necessarily better, and the proposal should be designed to suit the audience. Matt said it is important to make the proposal credible—let's not jump off the deep end over WMD. We should ask the Regions, since the last increase in 1996, what do you need? Good back up is needed for this request. Dan said he agreed in concept, but the Regions are suffering; Southeast is in trouble as Bobbi explained, ACEMS needs to go for it, or services will be lost. Matt said that EMS has never recovered from the economic turmoil of 1986. Ronni said that if ACEMS intends to make a recommendation to the Governor, it should do so now, and not wait while doing too much more information gathering. Barb said that 25% could be supported by needs, 30% is not responsible. ACEMS needs to give the Governor clear bullets on this. Mark said that it doesn't hurt to emphasize that an EMS investment for WMD does dual duty. Barb proposed a friendly amendment for 25% to Terry Bunes' original motion.

The motion was restated: To recommend to the Governor and DHSS Commissioner a 25% increase in grants to all EMS Regions. Address the attrition of funds due to inflation and expanding program requirements in the letter. Discuss the possible partnership with the University of Alaska; stress current needs under the new environment of WMD.

Bobbi stated that she can't administer WMD funds as things are now—she can't accept the responsibility to incorporate its administration under current funding. Steve called the question.

ACTION: The motion was approved.

Mark said it would be a good idea for ACEMS to help by identifying where potential dollars will come from; for example, how to tap into resources that are directed already at things that cause EMS calls, like alcohol-related problems.

MOTION: To identify three priorities from the recommendations of the ACEMS Planning Committee meeting of 10/3/01; namely a) maintain current programs and services; b) revitalize current EMS services through the retention, recruitment, and training of volunteers, and g) continue to increase the availability of essential emergency medical equipment in Alaska.

(Barb Simonsen, Steve O'Connor)

Discussion: Public education is part of the current operational component. The recommendations that aren't listed are still part of the work to be done. Dorothy asked about public education and marketing, aren't they a priority? Barb said that in the real world of grant writing, in order to be competitive, one must list all the elements but stay focused on priorities. Ronni said the Legislature should be reacquainted with EMS projects to inform them of the scope of the components and what they mean.

The vote was taken on the motion to use a, b, and g as priorities.

ACTION: The motion was approved.

Matt offered to help with the letter, and to include funding source possibilities. The draft letter will be circulated through the ACEMS membership as usual.

State EMS Program Planning for Next Six Months (Matt Anderson)

Matt handed out an EMS Unit Priorities sheet dated October 5, 2001. All of the points have been discussed in previous Council meetings, with the exception of AED and the First Class System. HB 84, introduced in 2001 and currently in committee, would amend the definition of "Good Samaritan" as HB 395 in 1998 defined, specifically as it pertains to the use of Automated External Defibrillators (AED). Shelley is researching the issue of protection (immunity) from civil liability for communities that make AEDs available, such as Anchorage and Fairbanks.

EMS Coordinators have recently been offered access to the Alaska Division of Emergency Services (ADES) First Class System, which provides electronic mail and file exchange, online chat services, and other information sharing. The fire service in Alaska and ADES have used this system for sometime and it has been expanded to include emergency medical activities. Public health nursing uses it also. Matt explained how it works, including that the software is available as a free download, and that the user identification and password can be obtained free of charge through CHEMS. As long as no decisions are made, an online ACEMS discussion group would not violate the Open Meetings Act.

Looking at the EMS Unit Priorities list again, Charlie mentioned that "support regional EMS" means helping cover the administrative work that occurs in the Regions. Dan said he is cautious of overloading the EMS staff. Steve said the report to the Legislature will be a big project. Matt said it can be done. The EMS Unit Priorities list remains as submitted.

Recommendations to Staff (ACEMS)

Terry Bunes suggested writing a letter to Gary Judd, thanking him for all his work on the Council. A letter should go to Karen Perdue, thanking her for all her support, including her active role on behalf of Code Blue. And thanks should be expressed to Southern Region EMS for the use of their facilities, and for their continued support. Dan said thanks are in order to North Slope Borough for supporting Gary's involvement with the Council. Sue Hecht suggested a welcome aboard letter for the new Commissioner of Health and Social Services. Charlie will write these letters.

Charlie asked if there were any other items of business. None was brought forward.

Selection of dates for the next meeting

Thursday and Friday, April 25 and 26, were proposed as dates for the next ACEMS meeting, with related meetings taking place a day or two earlier or later.

MOTION: To hold ACEMS April 25 and 26, 2002, with related meetings on April 23 and 24.

(Dan Cox, Terry Stone)

ACTION: The motion was approved.

It was suggested that conference microphones be used to promote better hearing at the next meeting. The air circulation system in the training room makes hearing difficult even around the meeting table. Additionally, some people speak very softly. Perhaps a different seating configuration would help.

Bobbi announced that the SEREMS Symposium will be on April 12 and 13, 2002, in Sitka. Pre-Symposium activities will be held April 10-11. It will be a world-class Cold Symposium.

Adjournment

Charlie adjourned the regular session of ACEMS at approximately 2 pm. The Board will meet in Executive Session at 2:30 pm to select ACEMS award recipients.